

Case Number:	CM14-0017802		
Date Assigned:	04/16/2014	Date of Injury:	11/16/2011
Decision Date:	01/02/2015	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old woman with a date of injury of 11/16/11. Her diagnoses included C4-5, C5-6 discopathy with radiculopathy, bilateral upper extremity overuse tendinopathy, lumbar sprain/strain, sleep disorder, obesity and gastrointestinal complaints. She was seen by her provider on 12/10/13 and underwent a urine drug screen which was consistent with her prescribed medications (tramadol and hydrocodone). This urinalysis is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for urinalysis DOS: 12/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,78.

Decision rationale: This injured worker has a history of pain since 2011. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, the records

fail to document any issues of abuse or addiction or the medical necessity of a urinalysis / urine drug screen. Therefore the request is not medically necessary.